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24959 7590 09/22/2008

PPG INDUSTRIES INC
INTELLECTUAL PROPERTY DEPT
ONE PPG PLACE
PITTSBURGH, PA 15272

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/690,595	10/17/2000	Michael O. Okororor	1556A1	2390

TITLE OF INVENTION: OPTICAL RESIN COMPOSITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	12/22/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PENG, KUO LIANG	1796	528-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). *Deborah M. Altman*

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3-11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PPG Industries Ohio, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card, Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number *6-2025* (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Deborah M. Altman*

Date *December 1, 2008*

Typed or printed name *Deborah M. Altman*

Registration No. *42,259*

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